

*With Comps*

Fordingbridge Rural District Council

Sanitary Authority.

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# ANNUAL REPORT

FOR THE

*Year ending December 31st, 1913,*

BY THE

## Medical Officer of Health


TO THE

## FORDINGBRIDGE UNION.

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*My Annual Sanitary Report for 1913 is again arranged in a similar way to that adopted for recent years, as suggested by the County Medical Officer of Health.*

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The PHYSICAL FEATURES AND GENERAL CHARACTER of the District remain the same as in recent preceding years; nor have they been influenced by any fresh industries or other causes.

#### AREA AND POPULATION.

The area, approximately 29,300 acres, remains the same, and the population is probably very similar to that declared by the 1911 census, viz., 6,445 souls, although the wave of emigration to the colonies has considerably affected the district. The Birth-rate is one more than in 1912, viz., 122, all these being born actually in this area; in 1912, the number was 122, but one Birth was transferred from a distance; the Death-rate is 7 more than in 1912 (71 as against 64); so that taking all things into consideration it is probable that the population is rather less.

The actual overcrowding in the area seems less than in 1912, although 20 cases were investigated as against 12 in 1912, yet 10 cases required interference as against 13 in 1912. The average inhabitants per house is still about 4, although there have been 14 new houses built as against 3 in 1912. The want of cottages is not so acute as it was supposed to be in 1912, and the Local Government Board sent down an Inspector to report on the subject, and I and my Sanitary Inspector accompanied him all over the district, shewing him the worst houses we could find; and I personally went to Woodgreen with him, and investigated the supposed want of cottages there, and found that the crisis was never so acute as had been represented, and at the time of our inspection did not exist at all. The Local Government Board sent a résumé of Mr. Stewart's report on his inspection to the Rural District Council.

#### BIRTHS AND BIRTH-RATE.

During the year 1913 there have been registered 122 *Births*, all occurring actually in the area. This is exactly the same number as in 1912, one of the births that year being an "Inward Transfer," i.e., the mother belonged to Fordingbridge area, but the birth occurred away. 61 were males, 61 were females, as against an excess of females in 1912 (67 females to 55 males), and an excess of males in 1911 (84 males, 72 females). This Birth-rate shows that the state of affairs has remained stationary during the past year, i.e., it remains the lowest on record for the past 25 years, and is 18·9 per 1,000. Hence we see that this area appears to permanently participate in the falling Birth-rate of the nation.

11 of the Births were illegitimate, as compared with 6 in 1912, 18 in 1911, and 10 in 1910. This number of Illegitimate Births seems to be about the average, taking a number of years.

#### DEATHS AND DEATH-RATE.

During the year 1913, 78 *Deaths* from all causes were registered as belonging to the district, 8 being "Inward Transfers" and 1 "Outward Transfer." The total for 1912 was 71, with 8 "Inward" and 1 "Outward" Transfer. This is the third lowest Death-rate in 26 years, the number being 71 in 1912, and 61 in 1910.

This shows a Death-rate of 11.01 per 1,000 of the population, which is estimated at 6,445 souls, and is 1.11 higher than that for 1912. Once more we notice that a low Birth-rate is accompanied by a low Death-rate, and also that the equable temperature of 1913 has been conducive to good health. Two deaths are attributed to Diarrhœa and Enteritis, both in children, one under 1 year and the other under 2 years of age. There was very little Diarrhœa throughout the year, although rather more than the former year, and there was an outbreak of Typhoid Fever at Breamore, which will be noticed more fully later on. 39 of the deaths occurred in the first half of the year, and 39 in the second half; contrary to the usual rule, the two halves of the year are equal, as a rule the first half is more fatal than the second. January shows only 2 deaths, the same as in 1912; and September also shows 2 deaths; July and August, 4 deaths each; April and June, 5 deaths each; May and October, 8 deaths each; March and November, 9 deaths each; February, 10 deaths; and December, 12 deaths; so that we have the first month of the year with the lowest mortality, and the last month of the year with the highest. The first quarter of the year shows 21 deaths, the second 18 (strange to say, 5 of the 8 "Inward Transfers" died in March), the third 10, and the fourth 29. As is usually the case, the third quarter is the least fatal; and contrary to the usual rule, the last quarter has the heaviest mortality. There was one uncertified death in an infant, but the Infant Mortality for the year will be seen to be very low again, only one more than in 1912. There is no record of still-births. All the above figures refer to the "Corrected Mortality Returns," i.e., with Inward and Outward Transfers properly adjusted.

#### COMMENTS ON THE DEATH-RATE.

Of the 78 Deaths, 41 were males, 37 females. 37 were 70 years or over that age (20 males, 17 females), 16 being 80 years or over (11 males, 5 females), and 1 male lived to be 95 years old. The 37 over 70 years of age averaged 79 years each; the 20 males averaged 80.35 years each, and the 17 females averaged 77.4 years each. As is usually the case, the average age of the males exceeds that of the females.

11 were *between 60 and 70 years of age* (5 males, 6 females).

3 were *between 50 and 60 years of age* (2 males, 1 female).

8 were *between 40 and 50 years of age* (3 males, 5 females).

3 were *between 30 and 40 years of age* (1 male, 2 females).

2 were *between 20 and 30 years of age* (1 male, 1 female).

5 were *between 10 and 20 years of age* (4 males, 1 female).

None were *between 5 and 10 years of age*.

3 were *below 5 and above 1 year of age* (1 male, 2 females).

The mortality *below 1 year of age* amounts to 6 (3 males and 3 females).

43 of the total number of deaths were at the two extremes of life, i.e., above 70 and below 1 year of age, and 54 of the total of 78 death were above 60 and below 1 year of life, leaving 24 deaths to be distributed over the intervening 59 years, as shown above. This number for the 59 years is 2 less than in 1912. The number who lived to be over 70 years of age was 11 more than in 1912; and the mortality between 50 and 70 years of age was 14, as against 12 in 1912, 18 in 1911, and 16 in 1910. The mortality between 40 and 50 years of age was 8, as against 7 in 1912 and 2 in 1911. The increase in the death-rate occurred at the two extremes of life.

*Infantile Death-rate.*—The rate per 1,000 of the Births is 49.1, as compared with 40.9 in 1912. In actual figures, it is 6 as against 5. Three of the deaths are due to Congenital Defects (*Premature Birth, etc.*), 1 to *Whooping Cough*, 1 to *Bronchitis*, and 1 to *Enteritis*.

*Zymotic Death-rate.*—There is one death under this head, viz., *Whooping Cough*.

*Influenza Death-rate.*—Two deaths appear under this head: 1 *Influenzal Bronchitis* in an infant of six months, and 1 *Influenzal Bronchitis* in a female of 75 years.

*Cancer Death-rate.*—10 deaths are recorded, as compared with 7 in 1912 and 8 in 1911. The deaths were due: 2 to *Cancer of the Sigmoid*, 2 to *Cancer of the Ovary*, 1 to *Cancer of the Throat*, 1 to *Cancer of the Breast*, 1 to *Cancer of Scalp*, 1 to *Cancer of the Pylorus*, 1 to *Cancer of the Liver* (secondary to Cancer of the Lip, operated upon), and 1 to *Sarcoma of Testis and Lung*.

*Tuberculous Death-rate.*—7 deaths were recorded for the past year: 3 due to *Phthisis Pulmonalis*, 2 to *Tubercular Meningitis*, 1 to *Tubercular disease of Sacro-iliac Joint, Bladder, and Secondary Meningitis*, and 1 to *Urinary Tuberculosis*. The number of deaths due to *Phthisis Pulmonalis* compares very favourably with the 9 which occurred in 1912, which was the heaviest mortality from this specific disease for some years.

*Other Respiratory Disorders.*—The number of deaths under this head is 6, as against 4 last year, and includes 4 deaths due to *Bronchitis*, 1 due to *Asthma*, and 1 due to *Emphysema*.

This is again a very low death-rate for Respiratory troubles, as compared with 15 in 1911 and 9 in 1910.

#### PREVALENCE OF INFECTIOUS DISEASE.

The year 1913 was marked by more infectious disease than usual, 54 cases of Notifiable Disease being received, as against 17 in 1912 and 35 in 1911. This is excluding Phthisis. Two outbreaks at Breamore, one of *Typhoid* and the other of *Diphtheria*, account for 23 of the total number, so that the Epidemic Disease rate has not been higher in the district generally.

26 of the cases are returned as *Diphtheria*, 10 as *Scarlet Fever*, 10 as *Typhoid Fever*, and 8 as *Erysipelas*. 21 of the cases occurred in the Fordingbridge area, 24 at Breamore, 6 at Woodgreen, and 3 at Damerham.

*Diphtheria.*—There was a very marked Diphtheritic outbreak among children attending Breamore School in the Autumn, 13 cases occurring at Breamore and 6 at Woodgreen; I believe several other children had symptoms, but did not apply for medical attendance. The main symptoms were sore throat, with glands in the neck and very tedious convalescence, with marked tendency to anæmia. I sent 30 swabs to Winchester for Bacteriological Examination, and although the majority gave negative results, yet amongst those which gave a positive result was one case where I sent a second swab in ten days time, and the patient who had been returned negative in the first batch was positive in the second. Nor do I always find that the fact that the swab gives a negative result, by any means proves that the disease is not Diphtheritic. I have had a patient with a membrane, a swab from whose throat was returned as negative, yet within a week that patient died suddenly from Diphtheritic Cardiac Paralysis. In last year's epidemic, several patients had membranous throats, and gave a negative reaction as to the swab sent. The outbreak at Breamore was traced as most probably due to the insanitary state of the school offices, and when we investigated we had numerous complaints as to their condition. Consequently I closed the schools for a week, and had the offices thoroughly cleansed and disinfected. The premises are very much crowded, the privies and urinals only being 15 feet from three windows and two doors, which cannot be opened for ventilation on account of their proximity. This was pointed out to the Hon. Lady Hulse, and the School Managers and my Inspector attended a conference of the authorities, and it was arranged to move the offices across the road some twenty feet further away. I was in frequent correspondence with Dr. Lyster during the progress of the Epidemic, also with the Breamore School Authorities. Only 5 cases occurred during the year in all the remainder of the district, showing, I

think, conclusively, that some common cause was at work at Breamore. One case, which occurred at Bickton, on investigation, appeared to have been contracted in London, the patient being a boy scout, who was camping out. In another case, occurring in Fordingbridge, the premises were close to one of the slaughter-houses, which was not in a satisfactory condition; and there was only one pail privy for two tenements. On our representations, a pail closet was provided for each house, and the paving and draining of the slaughter-house and yard was put right. Disinfectants were supplied to the infected house. All the cases ran an uncomplicated course and recovered without any ill consequences.

*Scarlet Fever.*—All 10 cases reported occurred in the Parish of Fordingbridge. 3 were in children attending Fordingbridge Schools, and 7 in children connected with Hyde Schools. The disease occurred in outbreaks of one or two children connected with this school throughout the year, and it seems impossible to stamp it out under existing circumstances. One more case connected with this school has occurred in 1914. Where the fathers of the children have been employed on dairy farms, they and their employers have received notice that the father is not to milk, or be connected with the management of the cows, until permission was received from the Sanitary Authorities. All premises were inspected, directions as to isolation and disinfection given, and the house disinfected by the Sanitary Officer before the children returned to school. One case in a woman of 22 years, who came from Winchester, seems to have been contracted whilst travelling home. All the cases were mild and made good recovery.

*Typhoid Fever.*—All 10 cases occurred at Breamore, 9 of them in a group of houses under one roof. The outbreak began, apparently, as ordinary Autumnal Diarrhœa, but this went on so long, and was of such a violent nature in two of the cases, that I suspected Typhoid Fever, and sent samples of blood from each of the suspected cases to Dr. Lyster, at Winchester. Of ten specimens sent, five were returned as positive, with Widal's reaction, two doubtful, and three negative. On the disease being proved to be Enteric in nature, I at once communicated with Dr. Lyster, who eventually came down and investigated the circumstances on the spot, and elicited the fact that one of the cases, who gave a positive reaction, had been down to Breamore, from Reading, three weeks before the first case occurred. There was some indefinite history of her being unwell during this time, so that it seems evident that the disease came from Reading. On the premises at Breamore was found a very defective double pit privy, used by most of the tenants of the premises, and this evidently acted as a focus for infection. I at once communicated with the Hon. Lady Hulse, when I knew that the disease was Typhoid Fever, and she assisted me in every possible way in stamping out the disease, both by providing a Village Nurse during the severity of the outbreak, and also by having the defective sanitary arrangements removed, and

new ones, with the pail system, substituted. She has also given directions that nothing but pail closets are to be allowed in the cottages on the estate. I wrote a full report of the outbreak for the Local Government Board, and also communicated with the Medical Officer of Health for Reading, as to the movements of the patient suspected of bringing the disease to Breamore. Although two of the cases were extremely severe, all eventually made a good recovery from the disease. The water supply to the premises was sent for analysis, and the report came back favourable; and the premises were thoroughly disinfected at the end of the outbreak.

*Erysipelas*.—All 8 cases of Erysipelas were of the mild and chiefly of the Idiopathic variety, and all made good recoveries.

*Phthisis*.—8 cases of Phthisis Pulmonalis are reported during the year in the district, and 3 deaths occurred, as against 19 cases and 9 deaths for the preceding year. All the cases were followed up with visits by the Sanitary Inspector, and full directions given for the safety of other inmates of the houses. Four patients went to the Royal National Sanatorium at Bournemouth, under the National Insurance Act. Two were greatly benefited, one died, and the other is dying. Those cases returned from the Royal National Sanatorium are followed up by weekly injections of Tuberculin. There were 7 cases of Tuberculosis in other parts of the body, reported.

#### GENERAL OBSERVATIONS ON THE SANITARY CONDITION OF THE DISTRICT.

*Vaccination* is still slowly dying out. I performed the operation on 12 subjects during the year, and two of those were Revaccinations, as against 16 in 1912 and 19 in 1911. Several of those I vaccinated were adult, and would not have submitted, but for the fact that they could not emigrate without being done, the small-pox outbreak in Australia making the Emigration Authorities more careful than ever.

*Milk Supply*.—The whole district has been carefully and systematically visited under the Dairies and Cow-sheds Act; and the prevailing conditions still continue to show improvement.

*Food Supply*.—Slaughter and Bake-houses are periodically inspected and kept in a sanitary condition. No seizure of meat was reported for 1913. In one instance, a complaint of indecent wayside slaughtering was investigated and reported on; and the storage of meat in a totally unsuitable cottage was discovered, and directions given that the state of affairs must cease. 15 samples of Food, etc., were taken during the nine weeks ending Dec. 31st, 1913, some formally, some informally, with the result that 11 were found to be genuine, and 4 adulterated. The genuine articles included—1 sample of Bread, 3 of Butter, 1 of Cocoa, 1 of Lard, 2 of New Milk, 1 of Sweets, 1 of Tea, and 1 of Whiskey; and the adulterated articles included—3 of Cocoa, and 1 of Whisky.

*Water Supply.*—This remains good. 38 specific inspections were made by the Sanitary Inspector, 15 samples brought to me for analysis, and 5 were found to be unfit for use, the chief cause being the want of cleansing in the wells; and all 5 were rendered fit for use after notice being served by the Inspector.

*Pollution of Rivers and Streams.*—This still continues to improve. There is much less rubbish and offensive matter thrown into the river than used to be the case years ago. The periodical posting of notices, forbidding the depositing of such refuse in the river, has a deterrent effect, and the systematic refuse collection prevents any excuse as to inability to dispose of refuse of all sorts.

*Drainage of the District and other disposal of Sewage.*—This is by cesspools, which are periodically emptied, and also by means of the refuse cart in the case of ash closets. No cases of contamination of water by sewage has occurred during the past year.

*Privy and Closet Accommodation.*—The earth and pail system are insisted on whenever the opportunity arises in the district, and we have been fortunate in the great assistance afforded us on the Breamore Estate, by the Hon. Lady Hulse's orders, that nothing but pail closets are to be allowed in the cottages on the Estate.

*Refuse Removal.*—This still works satisfactorily, and there is a collection, in some parts of the Fordingbridge area, every day of the week, instead of once a week, as was the case when I first instituted the system.

*Housing Accommodation.*—This department of the Public Health Service has received much encouragement from the visit of the Local Government Board Inspector, as noticed before. The Sanitary Inspector's systematic inspection is proceeding, and all houses in an insanitary state are dealt with when discovered.

As a result of the above-mentioned Local Government Board Inspection, it was found that there was not an actual want of houses in any part of the district, although in many places there was a shortage of low-rented cottages, and many of the existing houses were not in a satisfactory state. The Inspector noticed the absence of Building Bye-laws, and in his report strongly advocated their adoption, pointing out that the Model Bye-laws could be very much modified to meet local necessities. A Committee of the Rural District Council has been formed to consider the question of adopting such Bye-laws.

Once again I have to note the assistance spontaneously offered by the Hon. Lady Hulse, on the Breamore Estate, she having requested a house-to-house inspection of the estate, and a personal report to herself on defects found and measures suggested by us for their improvement. I have had two or three personal interviews with her on the subject.

The Schools have been systematically inspected throughout the year, and any defects reported to me when found, and immediately remedied by the Authorities.

#### FACTORY AND WORKSHOPS ACT.

As before noticed, this has little bearing on this agricultural area, but such work as was necessary under it has been properly carried out.

#### GENERAL SANITARY SUMMARY FOR THE YEAR.

The sanitary work of the past year has been heavier than ever before, since I took office, owing to the Tuberculosis Act, National Insurance Act, and Housing and Town Planning Act. Each of these Acts entails fresh duties for the Sanitary Authorities, and we have endeavoured to carry out these fresh and increasing duties to the best of our abilities. I have been constantly and most efficiently assisted by my Sanitary Inspector, and have great pleasure in recording my appreciation of his courtesy and skill in dealing with all and sundry matters which have been brought to his notice. The weekly reports of Notified Infectious Diseases have been regularly sent to the Local Government Board and to the Hants County Council. The heavier record of Infectious Disease, especially at Breamore, has necessitated a great deal of anxiety and work, which does not appear on the surface.

Whooping Cough appeared in Fordingbridge, in an epidemic form, after being present in isolated cases for some months in the district, and I had to close the Infants' School for some weeks; and at the time of writing the Breamore Schools are closed, as the disease has spread through Burgate, where children attend both Fordingbridge and Breamore Schools. A severe and very many symptomed form of Influenza has also been present in the district for the last five or six weeks.

**HERBERT V. RAKE,**

*Medical Officer of Health for the Rural District Council  
of the Fordingbridge Union.*

March 11th, 1914.